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CONFIRMATION NO. 8055

|                             |                                       |              |                        |                                       |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/044,826 | FILING DATE<br>10/19/2001<br><br>RULE | CLASS<br>180 | GROUP ART UNIT<br>3611 | ATTORNEY<br>DOCKET NO.<br>12873/04233 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *none 3/27/06*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none 3/27/06*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/04/2002

|   |  |                            |                       |                            |
|---|--|----------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>OH                  | SHEETS<br>DRAWING<br>9     | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions<br>met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |  |                            |                       |                            |
| Verified and<br>Acknowledged  | Examiner's Signature<br><i>[Signature]</i> | Initials<br><i>3/27/06</i> |                       |                            |

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## TITLE

Wheelchair suspension having pivotal motor mount

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>870 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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